

S. No. 2  
 DM-5-43  
 v. 5-17-39  
 I X36671

17596

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 20 1947  
 199

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 2008

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: General Hospital No. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 mo. 2 days  
 In this community 60 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Howard Sandford  
 (b) If veteran, name war no  
 (c) Social Security No. now

4. Sex Male 5. Color or race wh  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Magda Sandford  
 6. (c) Age of husband or wife if alive 6/855  
 7. Birth date of deceased now 9/855  
 (Month) (Day) (Year)

8. AGE: Years 9 Months 5 Days 23 hr. \_\_\_\_\_ min. \_\_\_\_\_  
 If less than one day

9. Birthplace Paris Illinois  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired clerk

11. Industry or business U. S. Post office

12. Name Daniel Sandford

13. Birthplace no record  
 (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Magda Sandford

(b) Address 1414 Linwood Blvd

17. (a) burial (b) Date thereof 5-5-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt moriah

18. (a) Signature of funeral director G. W. Wagner

(b) Address Business City Mo

19. (a) 5-5-47 (b) Gerald Holmes  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City 3  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1414 Linwood 8  
 (If rural, give location) 0  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 2  
 year 1947 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from March 31 1947 to May 2 1947  
 that I last saw him alive on May 2 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of rectum with metastasis  
Arteriosclerotic heart dis.  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: 46  
 Of operations: \_\_\_\_\_

Of autopsy: None  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature Wm W Hart (M. D. or other) MD  
 Address Med. Dir. Gen'l Hosp. Date signed 5-5-47

*Dr. Robert*

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed: *A. R. Hainscheld*

Licensed Embalmer No. *4159*

P. O. Address *Kansas City Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**